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FEC

Use

Only

STATEMENT OF **ORGANIZATION**

RECEIVE

(Revised 06/2012)

2014 JAN -2 AM 7: 34 FORM 1 NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. S tulpipi | Bin a s. J | I nic. | Ploi li ii ti ii ti a 1 | Alciti ii a n | Cloimimii ti ti e [(_|S_|t_|u_|p_|p_|P_|A_|C_|)_| ADDRESS (number and street) <u>r iRiolaid</u>i (Check if address is changed) $M \mid O$ STATE A COMMITTEE'S E-MAIL ADDRESS (Check if address s w d u g g a n @ s t u p p o c o m i is changed) Optional Second E-Mail Address magreeneestupp com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER > Х IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Samuel W. Duggan II Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009)	Page 2					
	PE OF COMMITTEE							
	didate	ate Committee: This committee is a principal committee (Committee the conditate information halour)						
(a) '		This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	L	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name Cand								
Cand Party	lidate Affiliati		ate					
			strict					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand								
Part	y Con	mmittee:						
(d)		This committee is a (National, State or subordinate) committee of the Republic	cratic, ican, etc.) Party.					
Political Action Committee (PAC):								
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a					
		Corporation Corporation w/o Capital Stock	r Organization					
		Membership Organization Trade Association Coop	erative ·					
		In addition, this committee is a Lobbyişt/Registrant PAC.						
(f)	U	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party					
		In addition, this committee is a Lebbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	runc	draising Representative:						
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or modern committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore political					
	Committees Participating in Joint Fundraiser							
	1.							
	2.	FEC ID number						
	3.	FEC ID number						
	4							

{			
FEC Form 1 (Revise			Page 3
Write or Type Committee Na	ame		
	· · · · · · · · · · · · · · · · · · ·		
6. Name of Any Connecte	d Organization, Affiliated Committee,	Joint Fundraising Representative, o	or Leadership PAC Sponsor
[S t u p p B r d	\$. , I n ¢		
		<u>: </u>	
Mailing Address	3 8 0 0 W e b e t F	: 	
		: :	
	S t . L		6 ₁ 3 1 2 \$- 1 ₁ 1 ₁ 6 0
	CITY	STATE	ZIP CODE
Relationship: X Conne	cted Organization Affiliated Committe	e	ive Leadership PAC Sponsor
Relationship.	Lied Organization Linimated Committee	Tourit Fundraising Representati	Leadership FAC Sponsor
7. Custodian of Records: I books and records.	Identify by name, address (phone number	r optional) and position of the pe	rson in possession of committee
Full Name Ma	TylA Greenel	 	
Mailing Address	[3, 8, 0, 0, W, e, b, e, r, E	R <mark> 0 a d </mark>	
		<u> </u>	
	$S_i t_i L_i o_i u_i i_i s_i$	M ₀	6 3 1 2 5 - 1 1 6 0
Title or Position	CITY	STATE	ZIP CODE
a _i s _i s _i s tar	ı _l t _{ı l} T _ı r _ı e _ı a _ı şure þr	Telephone number 3	1, 4- [5,4,4]- 7,5,45
Treasurer: List the name any designated agent (e.g.	and address (phone number optional)	of the treasurer of the committee;	and the name and address of
Full Name of Treasurer S a	mue _l l W. D. u.g.g.a	m III	
Mailing Address	[3,8,00 W,e,ber,	I,R o a d	
		 	
	S t t L L O U I S CITY	M ₁ O STATE	6_3,1,2,5]-[1,1,6,0] ZIP CODE
Title or Position	•		
Tirielasure	: 12	Telephone number 3	1 4- 5 4 4 - 7 5 5 5

FEC Form 1 (Revis	ed 02/2009)		Page 4
Full Name of Designated Agent Mal	; у А _р G теепе		
Mailing Address	3,8,0,0, WeberaRoja	. d . i	
	St, Louis, CITY	M 0 STATE	6, 3, 1, 2, 5-1, 1, 6, 0 ZIP CODE
Title or Position			
A s s i s t a n	ut Treasure	Telephone number 3 1	4-5-4-4-7-5-4-5
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in what takes to the depositories in what takes to the depositories in what takes to the depositories in the depositories i	nich the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depository,	, etc.		
M_{\parallel} \mathbf{i}_{\parallel} \mathbf{d}	węst Bank C e n t r	'i e , , , , , , , , , , , , , , , , , , ,	
Mailing Address	2 ₁ 1 ₁ 9 ₁ 1 ₁	n n y , , R, q a d	
	S _t , Louis,	M O	6 3 1 2 5- 2 4 3 5
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
1			
	•		
Mailing Address			
Mailing Address			
Mailing Address			



STUPP BROS., INC. ESTABLISHED 1856 | ST. LOUIS, MISSOURI

3800 Weber Road St. Louis, MO 63125-1160

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(8/2013)	İ